| | н О 🚗 |
|--|---|
| ARIZONA ST | TATE BOARD OF HEALTH |
| 1. PLACE OF RETH | AU OF VITAL STATISTICS |
| 17:0.1 | RD CERTIFICATE OF BIRTH |
| County // // | State Urizoni |
| District or Township or Village | |
| City No. St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number) | |
| 2. Full name of child laure of child | |
| 3. Sex of Child To be answered ONLY 4. Twin, triple | et or other. 6. Legitimate? 7. Date 1 h 17-1920 |
| births. 5. No., in orde | of birth OWO . 1 |
| 8. FATHER | 14. MOTHER |
| Full pan daugue ove | Full maiden name Logal Navarro |
| 9. Residence (Uaual place of abode) | 15 Residence (Usual place of abode) |
| If non-resident, give place and state. | If non-resident, give place and state. (MISONA) |
| 10. Color or race | 16 Color or race |
| Mexican 11. Age at last birthday 30 | (Years) Myud 17. Age at last birthday 24 (Years) |
| 12. Birthplace (city or place) | 18. Birthplace (city or place) |
| (State or country) Myuk | (State or country) Menual |
| 13. Occupation | 19. Occupation |
| Nature of industry | Nature of industry Rouse Will |
| Destion Hand R. R. S. F. | |
| 1 / 1 | rn slive and now living 2. 21. Were precautions taken spainst oph- thalmia neonstorum? |
| | liborn Ulp |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 15 | |
| I hereby certify that I attended the birth of this child, who was bow at the date above stated (Born slive or stillborn.) | |
| * When there was no attending physician or midwife, then the father, householder, Signature | B, E, Wyhlma |
| etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth, | |
| Given name added from | (Physician or midwife). |
| a supplemental report Month, day, year | iddress the way |
| 132-417-956 | Med 5/12, 1931 8. 7 10 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
| Registrar | |